2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000002991

1. Entity Name
WESTERN WATERPROOFING COMPANY OF OHIO LLC

Principal Place of Business	Mailing Address
13800 ECKLES ROAD LIVONIA, MI 48150	13800 ECKLES ROAD LIVONIA, MI 48150

03052005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4240443
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered a

SIGNATURE _____ d agent and title if applicable. _____ DATE
Signature, typed or print
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

000000270250
03/19/05-80043-021 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MAZUR, ROBERT
STREET ADDRESS	13800 ECKLES ROAD
CITY-ST-ZIP	LIVONIA, MI 48150
TITLE	MGR
NAME	MAZUR, EVELYN
STREET ADDRESS	13800 ECKLES ROAD
CITY-ST-ZIP	LIVONIA, MI 48150
TITLE	MGR
NAME	MAZUR, JOHN
STREET ADDRESS	13800 ECKLES ROAD
CITY-ST-ZIP	LIVONIA, MI 48150
TITLE	MGR
NAME	HOULE, KEVIN
STREET ADDRESS	13800 ECKLES ROAD
CITY-ST-ZIP	LIVONIA, MI 48150
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ VP-TREASURER 3/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #